

PART B—ISSUE FEE TRANSMITTAL

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MAY 17 1999

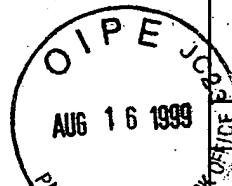
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WILLIAM H MURRAY
SCHNADER HARRISON SEGAL & LEWIS
SUITE 3600
1600 MARKET STREET
PHILADELPHIA PA 19103

GM21/0511



(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/778,667	01/03/97	022	SCHAFF, J	3713 05/11/99
First Named Applicant ROBLEJO,		35 USC 154(b) term ext.	=	0 Days.

TITLE OF
INVENTION APPARATUS AND PROCESS FOR VERIFYING, SORTING, AND RANDOMIZING SETS OF
PLAYING CARDS AND PROCESS FOR PLAYING CARD GAMES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 751143-001	463-022.000	893	UTILITY	YES	\$605.00	08/11/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Schnader, Harrison, Seg
1 & Lewis, LLP

2 _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) *T. Daniel Christenbury* (Date) *31750*

(Date)

8/11/99

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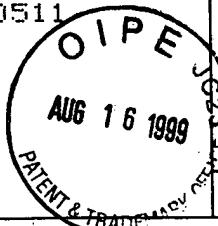
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<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.					3	
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(A) NAME OF ASSIGNEE Casino Concepts, Inc. (B) RESIDENCE: (CITY & STATE OR COUNTRY) Berlin, New Jersey, USA Please check the appropriate assignee category indicated below (will not be printed on the patent)	4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 13-3405 (ENCLOSE AN EXTRA COPY OF THIS FORM) <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____					
<input type="checkbox"/> individual <input checked="" type="checkbox"/> corporation or other private group entity <input type="checkbox"/> government						

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